

special project in May 2002 caused bilateral carpal tunnel syndrome. She indicated that she first became aware of the condition on May 16, 2003 and its relationship to her employment on July 24, 2003.

In support of her claim, appellant submitted a billing form dated May 16, 2003 that included diagnoses of peripheral neuropathy and carpal tunnel syndrome,¹ and a disability slip dated July 24, 2003 in which Dr. M. Todd Williamson, an attending Board-certified neurologist, diagnosed bilateral carpal tunnel syndrome and advised that appellant should not type for two months. A June 2, 2003 billing form signed by Dr. Thomas J. High, Board-certified in family practice, included the diagnoses of peripheral neuropathy and pernicious anemia. A July 30, 2003 billing form signed by Dr. High included the diagnosis of pernicious anemia.

The employing establishment controverted the claim, noting that appellant had been on maternity leave since January 23, 2003. By letter dated September 29, 2003, the Office informed appellant of the type of evidence needed to support her claim. In response she submitted reports dated July 2, 9 and 24 and September 24, 2003 in which Dr. Williamson diagnosed bilateral carpal tunnel syndrome and vitamin B-12 deficiency. He again advised that she should not type and opined that carpal tunnel syndrome could be aggravated by employment. Electromyography (EMG) conducted on July 24, 2003 was interpreted by Dr. Williamson as demonstrating bilateral carpal tunnel syndrome, slightly worse on the right. Appellant also submitted a September 24, 2003 report in which Dr. High diagnosed peripheral neuropathy secondary to pernicious anemia and bilateral carpal tunnel syndrome. He advised that she was disabled from work.

On October 29, 2003 the Office accepted that appellant sustained an aggravation of bilateral carpal tunnel syndrome and paid wage-loss compensation for the period July 24 to December 27, 2003.

On January 6, 2004 appellant submitted a Form CA-7 claim for wage-loss compensation for the period May 16 through July 23, 2003 and submitted additional medical evidence including a form report dated December 23, 2003 in which Dr. High advised that appellant could not work from May 16 through July 23, 2003 due to carpal tunnel syndrome and pernicious anemia.²

By letter dated February 17, 2004, the employing establishment requested that the Office review the claim, advising that appellant stopped work on January 23, 2003 and shortly thereafter delivered twins.³ By decision dated May 13, 2004, the Office denied appellant's claim

¹ The form was signed by Susan ErkenBrack, a nurse practitioner.

² Appellant thereafter submitted a number of medical reports that are not relevant to the instant claim in that they pertain to periods after the period of disability claimed in this case.

³ On March 2, 2004 the employing establishment offered appellant a limited-duty position based on the restrictions provided by Dr. C. Michael Morris, an attending Board-certified orthopedic surgeon. By letter dated March 10, 2004, the Office informed appellant that the position was suitable. She declined the position on March 18, 2004. In an April 28, 2004 letter, the Office informed the employing establishment that it could not proceed with the suitability determination because appellant underwent authorized right carpal tunnel release on March 20, 2004. A rehabilitation nurse indicated that left carpal tunnel release surgery was scheduled.

that she was entitled to wage-loss compensation for the period May 16 through July 23, 2003 on the grounds that the medical evidence was insufficient to establish entitlement.

LEGAL PRECEDENT

Under the Federal Employees' Compensation Act,⁴ the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury. Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in the Act.⁵ Whether a particular injury causes an employee to be disabled for employment and the duration of that disability are medical issues which must be proved by a preponderance of the reliable, probative and substantial medical evidence.⁶

Causal relationship is a medical issue, and the medical evidence required to establish a causal relationship is rationalized medical evidence.⁷ Rationalized medical evidence is medical evidence which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.⁸ Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.⁹

ANALYSIS

In this case, on October 29, 2003 the Office accepted that appellant sustained an aggravation of bilateral carpal tunnel syndrome. She thereafter submitted a claim for compensation for the period May 16 through July 23, 2003.

The Board finds that the Office erred in failing to address appellant's entitlement to compensation for the dates in which she received medical treatment for her accepted condition. An employee is entitled to disability compensation for loss of wages incurred while receiving treatment and for loss of wages incidental to treatment for which the employee did not receive

⁴ 5 U.S.C. §§ 8101-8193.

⁵ *Cheryl L. Decavitch*, 50 ECAB 397 (1999).

⁶ *Fereidoon Kharabi*, 52 ECAB 291 (2001).

⁷ *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

⁸ *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

⁹ *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

pay.¹⁰ In this case, a billing form submitted by appellant indicates that she received treatment for carpal tunnel syndrome on May 16, 2003.¹¹ The Board finds this to be probative evidence to establish entitlement for disability compensation for loss of wages incurred on that date while appellant was receiving treatment for the accepted condition. The case will be remanded to the Office for an award of compensation for wage-loss compensation on May 16, 2003.¹²

Appellant, however, has failed to establish entitlement for any other dates during the claimed period May 16 through July 23, 2003. The billing forms dated June 2 and July 30, 2003 indicate she was treated for diagnoses not accepted as employment related. While Dr. High submitted a form report dated December 23, 2003 in which he indicated that appellant could not work from May 16 through July 23, 2003 due to carpal tunnel syndrome and pernicious anemia, this statement without further explanation is insufficient to establish appellant's disability claim, especially in light of the fact that it was rendered five to seven months after the period of claimed disability and due to the fact that he did not address the impact of appellant's maternity leave.

The opinion of a physician supporting causal relationship must be one of reasonable medical certainty that the condition for which compensation is claimed is causally related to her federal employment and such relationship must be supported with affirmative evidence, explained by medical rationale and be based upon a complete and accurate medical and factual background of the claimant.¹³ A physician's opinion on causal relationship between a claimant's disability and an employment injury is not dispositive simply because it is rendered by a physician. To be of probative value, the physician must provide rationale for the opinion reached. Where no such rationale is present, the medical opinion is of diminished probative value.¹⁴ The Board finds Dr. High's mere statement that appellant could not work insufficient to meet her burden to establish that she was totally disabled for the period May 17 to July 23, 2003 due to her employment-related condition.

CONCLUSION

The Board finds that appellant is entitled to wage-loss compensation for May 16, 2003, for the time in which she was undergoing treatment for her accepted condition. The Board, however, finds that appellant failed to meet her burden of proof to establish that she had any employment-related disability for the period May 17 through July 23, 2003.

¹⁰ *Henry Hunt Searls, III*, 46 ECAB 192 (1994).

¹¹ The Board notes that this report was signed by a nurse practitioner and a nurse's opinion regarding causal relationship is of no probative value. *Sheila A. Johnson*, 46 ECAB 323 (1994). In this case, however, causal relationship has been established and the report is used merely to indicate that appellant received medical treatment that day for her accepted condition.

¹² *Id.*

¹³ *Bonnie Goodman*, 50 ECAB 139 (1998).

¹⁴ *Thaddeus J. Spevack*, 53 ECAB ____ (Docket No. 00-1180, issued April 3, 2002).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated May 13, 2004 is affirmed, as modified.

Issued: December 20, 2004
Washington, DC

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member